

***Chicago Transit Authority***

***567 W. Lake Street***

***Chicago, IL 60661***

Thank You for Your Interest In

***The* *ADA Advisory Committee***

**CTA wants to hear from people like you:**

Established in 1993, the Americans with Disabilities Act (ADA) Advisory Committee advises the CTA on practices, services and policies related to meeting the transportation needs of customers with disabilities. Although the Committee is advisory only, many of its recommendations have been adopted by the CTA.

The Committee meets quarterly (currently the second Monday in January, April, July and October), from 1:30 – 4:00 p.m. at CTA Headquarters, 567 W. Lake Street, Chicago, IL 60661 or virtually via Zoom.

The CTA is committed to expanding travel options on its bus and rail system for customers with disabilities. CTA buses are 100% accessible to customers with disabilities. The CTA continues to rehabilitate and rebuild its rail stations to make them accessible. Currently, 103 out of 145 stations on the rail system are accessible and CTA’s entire rail car fleet is accessible.

**How members are selected:**

Anyone interested in being considered for membership on the CTA ADA Advisory Committee must complete an application and return it to CTA by the specified due date. Due to the nature and purpose of the Committee, it is important that its members be able to represent a cross section of the disability community residing in the Chicago Transit Authority service area. Applicants, who use CTA mainline fixed-route transit for the majority of their transportation needs are preferred. The information obtained from this application process will remain confidential and be used by the CTA solely to determine membership in the ADA Advisory Committee. The final selection of Committee members is made by the Chicago Transit Board Chairman Lester L. Barclay.

Please complete the attached application with resume and **return it to CTA NO LATER THAN 5 PM ON MONDAY AUGUST 1, 2022**. Email completed application to:

**Irma Gomez-Fierro**

**Manager, ADA Compliance Programs**

igomez-fierro@transitchicago.com

**PLEASE CALL 773-449-8389 IF YOU NEED ASSISTANCE TO COMPLETE THIS APPLICATION.**

**Applications attached with resume due by 5 p.m., August 1, 2022**



**ADA Advisory Committee Demographic Form**

**PLEASE FILL**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  Last | First | M.I. |
| Address: |  |  |
|  |  | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Primary Phone: | ( ) | Email Address: |  |
|  |
| Chicago Transit Authority (CTA) will select candidates that represent a cross-section of customers from the disability community, as well as those that reflect a broad representation of people from the entire CTA service area.*The information obtained from this application process will remain confidential and be used by the CTA solely to create a diverse and balanced Advisory Committee.***Answering questions in the below section is optional. Requested information will assist in the CTA’s ability to create a diverse committee.** |

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| **Do you have a disability?** |
| [ ]  Yes | [ ]  No |

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| --- |
| **If yes, check all that apply.** |
| [ ]  Vision Impairment | [ ]  Hearing Impairment | [ ]  Deaf/Blind |
| [ ]  Speech/Language Impairment | [ ]  Physical | [ ]  Intellectual |
| [ ]  Learning | [ ]  Developmental | [ ]  Emotional |
| [ ]  Other (Please explain): |  |
| **Gender** |  |
| [ ]  Male | [ ]  Female | [ ]  Prefer not to say |
| **Pronouns** |  |  |
| [ ]  He/Him/His | [ ]  She/her/hers | [ ]  They/them |

|  |  |  |
| --- | --- | --- |
| **Age** |  |  |
| [ ]  18-29 | [ ]  30-39 | [ ]  40-49 |
| [ ]  50-59 | [ ]  60-69 | [ ]  70 + |

|  |  |  |
| --- | --- | --- |
| **Racial or ethnic group** |  |  |
| [ ]  Native American/Alaskan | [ ]  Asian/Pacific Islander | [ ]  Black/African American |
| [ ]  Hispanic/Latino | [ ]  White/Caucasian | [ ]  Other |  |
| **What transportation services do you use? List all routes you use regularly.** |
| [ ]  CTA Fixed Route Bus | Routes: |  |
| [ ]  CTA “L” or Subway | Routes: |  |
| [ ]  Pace Fixed Route Bus | Routes: |  |
| [ ]  Pace ADA Paratransit | Routes: |  |
| [ ]  Metra Commuter Rail | Routes: |  |
| [ ]  Drive |  |  |
| **What system(s) listed above do you use most often? (bus, rail, etc.)** |
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| --- |
| **Do you belong to any organizations, agencies, or groups concerned with people with disabilities?** |
| [ ]  Yes | [ ]  No |
| If yes, please list: |  |
|  |  |

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| --- |
| **Will you officially represent an organization if you are a member of the ADA Committee?** |
| [ ]  Yes | [ ]  No |
| **If yes, name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If yes, provide at least one reference per organization you will represent:** |
|  |  |  |
| *Name* | *Organization* | *Position* |
| ( ) |  |
| *Phone* | *Email Address* |
|  |  |  |
| *Name* | *Organization* | *Position* |
| ( ) |  |
| *Phone* | *Email Address* |
|  |  |  |
| *Name* | *Organization* | *Position* |
| ( ) |  |
| *Phone* | *Email Address* |

|  |
| --- |
| **Were you or are you currently a member of the RTA, Pace, Metra or CTA ADA Advisory Committees?** |
| [ ]  Yes | [ ]  No |
| **If yes, list Committees and dates involved:** |
|  |  |
| *Committee* | *Years involved* |
|  |  |
| *Committee* | *Years involved* |
|  |  |
| *Committee* | *Years involved* |

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| **What is a professional or personal experience that will be an asset to the ADA Advisory Committee?** |
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| **Why do you wish to serve as a member of the ADA Advisory Committee?** |
|  |
| **What professional or personal constraints of your time may interfere with your service on the Committee? (Meetings are currently held from 1:30 – 4 p.m. the 2nd Monday in January, April, July & October at CTA Headquarters, 567 W. Lake Street, Chicago, IL 60661).** |
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**Thank you for your interest in the CTA’s ADA Advisory Committee.**